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Date:

Oral Caglar, Reg. No. 44,577

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PATENT

Attorney Docket No.: 050-99-050

Fee
only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gabor Kalman, et. al Appln. No.: 09/759,054 Filing Date: January 10, 2001 For: AC-TO-AC POWER CONVERTER WITHOUT A DC LINK CAPACITOR	Group Art Unit: 2838 Examiner: Gary L. Laxton Confirmation No.: 1934 Class-Subclass: 363-037000
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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop: ISSUE FEE
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P.O. Box 1450
Alexandria, Virginia, 22313-1450

Match and Return

Dear Sir:

In compliance with the duty of disclosure under 37 CFR § 1.56 and in accordance with the practice under 37 CFR §§ 1.97 and 1.98, the Examiner's attention is directed to the documents listed on the enclosed Form PTO-1449. Copies of the listed documents are also enclosed. The cited documents were identified in a communication from a foreign patent office in a counterpart foreign application. For the Examiner's consideration, a copy of this communication, mailed May 6, 2003, is enclosed herewith. This Supplemental Information Disclosure Statement is not a representation that any or all of the information cited herein is necessarily effective as prior art against the subject application.

22/05/2004 09:00:00 02010301 011155 09759034

22/05/2004

12:00:00

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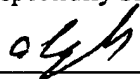
In accordance with 37 CFR § 1.97(d), because this Supplemental Information Disclosure Statement is being filed on or before payment of the issue fee, and given the statement below under 37 CFR § 1.97(e) and payment of the fee set forth in § 1.17(p), Applicants are entitled to consideration of the cited information. With respect to the required fee set forth in § 1.17(p), the Commissioner is respectfully requested and explicitly authorized to charge such fee, and any fee shortages, to Deposit Account No. 01-1125. A duplicate of this paper is enclosed for that purpose.

In accordance with 37 CFR § 1.97(e)(1), Applicants hereby state that each item of information contained in this Supplemental Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Supplemental Information Disclosure Statement.

Applicants respectfully request that the cited documents be considered by the Examiner, and that an initialed copy of the enclosed Form PTO-1449 be returned indicating that such information has been considered.

Date: June 23, 2003

Respectfully submitted,



Oral Caglar
Attorney for Applicants
Reg. No. 44,577

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/759054

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus 21	=
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	21	Minus 21	= 2
Independent	3	Minus 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	13	Minus 21	=
Independent	5	Minus 5	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

RATE	FEE
BASIC FEE	710.00
X\$18=	18
X80=	0
+270=	
TOTAL	728

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL	
ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	86.00
+270=	
TOTAL	86.00
ADDIT. FEE	

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